## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected below or directed otherwise in Block 1, by (a) specifyin maintenance fee notifications.	notification of maintenance fees will be mailed to the current correspondence address a ing a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Nov. 1) - Plant 1 for any 1 for an	N A CC I C III

22428 7590 02/09/2009 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW WASHINGTON DC 20007

Certificate of Mailing or Transmission

Certificate of maining or i transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facisimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's nan (Signature Œ

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/724 157 12/01/2003 Masataka Muratani 016907-1582 9387 TITLE OF INVENTION: IMAGE FORMING APPARATUS AND IMAGE FORMING METHOD

APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 \$300 \$0 \$1810 05/11/2009 EXAMINER ART UNIT CLASSISTIRCT ASS NGUYEN, ALLEN H 2625 358-001180 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Foley & Lardner LLP the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

KABUSHIKI KAISHA TOSHIBA Tokyo, Japan

TOSHIBA TEC KABUSHIKI KAISHA Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🚨 Corporation or other private group entity 🖵 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee A check is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTIPY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication [See (if requires) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of thy United Ships Patent and Trademark Office. APR 2 8 2009

Authorized Signature \_\_ Pavan K. Agarwal Typed or printed name

40.888 Registration No.

This collection of information is required by 2 GFR 1-11. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is grower by 3.5 USC 3.9 GFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, regarding, and whits form and/or suggestion for reducing this burder, a bound of time your pregarding upon the individual case. Any comments on amount of time your require to complete Box 1450, Alexandria, Vignina 2231-1450. DO NOT SEND FIES OR COMPLETED FORMS TO 7 HIS ADDRESS SEND TO. Commissioner for Patients, P.O. Box 1450. Alexandria, Vignina 2231-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.